

## MICROBIOLOGY TEST REQUISITION

Practice / Clinic Name:

\_\_\_\_\_

Submitting Veterinarian:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ANIMAL IDENTIFICATION

\_\_\_\_\_, \_\_\_\_\_  
Last / Owner Name First / Animal Name

Sex ☐ M ☐ MN ☐ F ☐ FSp

Type ☐ Canine ☐ Feline ☐ Equine  
☐ Other \_\_\_\_\_

Age \_\_\_\_\_ ☐ Year ☐ Month ☐ Week ☐ Day ☐ Hour

Clinical Signs / History / Dx:

### SPECIMEN INFORMATION (Please Mark All That Applies)

Collect Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen Source: (Required)

\_\_\_\_\_

### ADDITIONAL INSTRUCTIONS OR TESTING

☐ STAT (Extra Fee Applies, Please Notify Lab ASAP)

☐ OTHER

### SOURCE SPECIFIC TESTING GROUPS

Please Mark All That Applies:

☐ **ABCESS / WOUND / ULCER GROUP** (Aer/Ana/Gram)

☐ Aer Swab ☐ Aer/Ana Swab ☐ Aspirate

**SOURCE REQUIRED** \_\_\_\_\_

☐ **BLOOD CULTURE** x \_\_\_\_\_ (Aer/Ana, Yeast)

☐ SPS / Yellow Top ☐ Culture Bottle

☐ **DERMATOPHYTE** (Culture, KOH)

☐ Skin Scraping ☐ Plucked Hair ☐ Nail / Hoof Scraping

☐ **EAR** ☐ **EYE** ☐ **CORNEAL** (Aer/Gram, Fung Screen)

☐ Swab ☐ Aspirate ☐ Scraping

☐ **FECAL CULTURE** (Screen For Aerobic Bacterial Pathogens)

☐ Cult Vial ☐ Swab ☐ Unpreserved

☐ **FECAL OVA / PARASITES** (Concentration, Microscopic)

☐ Formalin ☐ PVA ☐ Unpreserved

☐ **FECAL OCCULT BLOOD**

☐ Unpreserved ☐ Specimen Card

☐ **FLUID / TISSUE GROUP** (Aer/Ana/Gram)

☐ Perito ☐ Pleural ☐ Synov ☐ Other \_\_\_\_\_

☐ **LOWER RESPIRATORY GROUP** (Aer/Gram, Fung Screen)

☐ Bronch Wash ☐ Bronch Aspirate

☐ Other \_\_\_\_\_

☐ **NASAL / NP CULTURE** (Screen For Pathogenic *Strep Only*)

☐ Nasal Swab ☐ NP Swab

☐ **SKIN / SUPERFICIAL GROUP** (Aer/Gram, Dermato Screen)

☐ Skin Scraping ☐ Plucked Hair ☐ Nail, Hoof / Scraping

☐ **URINE CULT** (Quantitative Aerobic)

☐ Cystocentesis ☐ Clean Catch ☐ Catheter

☐ **REPRODUCTIVE GROUP** (Aer/Gram, Fung Screen)

☐ Uterine ☐ Vaginal ☐ Urethral

☐ Other \_\_\_\_\_

### INDIVIDUAL TEST REQUESTS

☐ **Aerobic / Anaerobic Cultures** ☐ **With Gram Stain**

**SOURCE REQUIRED** \_\_\_\_\_

☐ **Aerobic Culture** ☐ **With Gram Stain**

**SOURCE REQUIRED** \_\_\_\_\_

☐ **Fungus Culture Screen** ☐ **With KOH Exam**

**SOURCE REQUIRED** \_\_\_\_\_

☐ **Culture Screen For Specific Bacterium**

Bacterium Name: \_\_\_\_\_

**SOURCE REQUIRED** \_\_\_\_\_